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Deborah Muse-	Carty		30	I here	by certify that the	is Fcc(s)	Transmittal is being	g deposited with the United	
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05/07/2007 HDEHESS2 00000044 10803624					Deborah Muse-Calty (Depositor's name)				
01 FC:2501	700	.00 OP			Q'h	W/	6	(Signature)	
02 FC:1504		. 00 OP			4)	22/0	7	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE			ATTORN	NEY DOCKET NO.	CONFIRMATION NO.	
10/803,624	. 03/18/2004 Deborah Muse			rty				5806	
TITLE OF INVENTION: CLOTHING HANGER ADAPTED FOR PERSONAL USE									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300		\$0		\$1000	04/23/2007	
EXAMINER		ART UNIT	RT UNIT CLASS-SUBCLAS						
HURLEY, SHAUN R		3765	223-085000						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list									
CFR 1.363). (1) the names of up to 3 registered patent attorneys									
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Or agents OR, alternatively,  (2) the name of a single firm (having as a member a									
"Fee Address" indication (or "Fee Address" Indication form registered attor					ey or agent) and the names of up to				
PTO/SB/47; Rev 03-0 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or type	<del>)</del>				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
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(5) 1331311111111111111111111111111111111									
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):		Individual	orporation	or other private gro	oup entity Government	
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Issue Fee A check is enclosed.									
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Advance Order - #	nereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number (enclose an extra copy of this form).								
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Authorized Signature	(	991			Date	4/2	22/07		
Typed or printed name	Deborah	Muse-Cal	1			lo.			
an application. Confident	ation is required by 37 Chiality is governed by 35	U.S.C. 122 and 37 CFR	on is required to obtain 1.14. This collection	n or re	named to take 12 r	ne public ninutes to	complete, including	d by the USPTO to process) ng gathering, preparing, and	
submitting the completed this form and/or suggesti	I application form to the ons for reducing this bu	e USPTO. Time will vary rden, should be sent to the	y depending upon the ne Chief Information C	indivi Officer	dual case. Any co, U.S. Patent and	mments o Trademai	on the amount of the control of the	and you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	
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